

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109233

FILED
May 01, 2006
Secretary of State

Entity Name: THE WELLNESS CENTRE LLC

Current Principal Place of Business:

5745 CANTON COVE, SUITE 121
WINTER SPRINGS, FL 32708

New Principal Place of Business:

5745 CANTON COVE
SUITE 121
WINTER SPRINGS, FL 32708

Current Mailing Address:

5745 CANTON COVE, SUITE 121
WINTER SPRINGS, FL 32708

New Mailing Address:

5745 CANTON COVE
SUITE 121
WINTER SPRINGS, FL 32708

FEI Number: 20-3825155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, WILLIAM MD
5745 CANTON COVE, SUITE 121
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

JONES, WILLIAM E MD
5745 CANTON COVE
SUITE 121
WINTER SPRINGS, FL 32708 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM E JONES MD

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, WILLIAM
Address: 2807 BEAR ISLAND POINTE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: QUEITSCH, CHRISTY
Address: 2-13 WINDING OAKS DRIVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: QUEITSCH, CHRISTY
Address: 2013 WINDING OAKS DRIVE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM E JONES MD

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date